

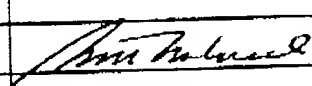
PTO/SB/21 (09-04)

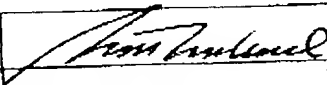
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/134049, 09/803681, 09/898457, 09/377792	
	Filing Date	4/26/02, 3/12/01, 7/5/01, 8/20/99	
	First Named Inventor	Muirhead, Scott	
	Art Unit		
	Examiner Name		
Total Number of Pages In This Submission	5	Attorney Docket Number	

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<b>Remarks</b> Please record new Powers of Attorney & new Correspondence Address for the 4 attached U.S. Patent Applications: 10/134,049 (now patent 6,661,339), 09/803,681 (now patent 6,718,888), 09/898,457 (now patent 6,749,418) & 09/377,792 (now patent 6,294,114).		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm Name		
Signature		
Printed name	SCOTT MUIRHEAD	
Date	June 27, 2005	Reg. No.

CERTIFICATE OF TRANSMISSION/MAILING		
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PTO/SB/81 (04-05)

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	09/898,457
Filing Date	July 5, 2001
First Named Inventor	Muirhead, Scott
Title	Triple Sheet Thermoforming Apparatu
Art Unit	
Examiner Name	James P. Mackey
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:



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Practitioner(s) named below:

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John Adams, Price &amp; Adams

Address

4135 Brownsville Road  
PO Box 98127

City

PITTSBURGH

State

PA

Zip

15227-0127

Country

Telephone

412 882-7170

Email

PAIP.LAW@VERIZON.NET

I am the:




Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Signature		Date	June 27, 2005
Name	SCOTT MUIRHEAD	Telephone	604 841-8762
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



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